

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>01696663</i>	FILING DATE <i>10-25-00</i>				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓						51					
2		✓					52					
3		✓					53					
4		✓					54					
5		✓					55					
6		✓					56					
7		✓					57					
8		✓					58					
9		✓					59					
10		✓					60					
11		✓					61					
12		✓					62					
13		✓					63					
14		✓					64					
15		✓					65					
16	✓	✓					66					
17		✓					67					
18							68					
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39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	<i>2</i>						TOTAL IND.					
TOTAL DEP.	<i>15</i>						TOTAL DEP.					
TOTAL CLAIMS	<i>17</i>						TOTAL CLAIMS					